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**Fax**

To: Box AF  
Examiner Vikki H. Trinh  
From: Mikio Ishimaru  
Fax: (703) 872-9319  
TC 2800 - After Final  
Pages: 11  
Phone: 703-308-8238  
Date: March 11, 2002  
Re: U.S. Patent Application  
Serial No. 09/579,340  
CC:

☒ Response/Amendment to Office Action ☐ Information ☐ Other

**IMPORTANT**

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Dear Examiner Trinh:

Attached are a Certificate of Transmission, Transmittal, and Amendment in response to the Final Office Action dated 1/11/2002, for U.S. Patent Application Serial No. 09/579,340 (attorney docket no. D414).

Respectfully submitted,



Mikio Ishimaru  
Reg. No. 27,449

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Docket No.: D414

**PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Takeshi Nogami

Serial No.: 09/579,340

Filed: May 25, 2000

For: INTEGRATED CIRCUIT CHIP WITH  
HIGH-ASPECT RATIO VIAS

: Confirmation No.: 7243

: Examiner: Vikki H. Trinh

: Group Art Unit: 2814

TRANSMITTAL FOR ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response / Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement; PTO Form-1449, & cited Reference(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	• Certificate of Transmission
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	• Fax Cover Sheet
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

The fee, if required, has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	20	0	x \$18 =	\$ 0.00
Independent Claims	2	3	0	x \$84 =	\$ 0.00
If multiple claims newly presented, add \$280					
Fee for extension of time					
Other:					
TOTAL FEE					\$0.00

- ☐ Please charge Deposit Account No. 01-0365 in the amount of \$ 0.00. An additional copy of this transmittal sheet is submitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 01-0365, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

*Mikio Ishimaru*Mikio Ishimaru  
Registration No. 27,449  
Date: March 11, 2002FAX COPY RECEIVED  
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PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on March 11, 2002  
Date

*Vickie Ishimaru*  
Signature

Vickie Ishimaru  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

With reference to serial number 09/579,340, the following is/are being submitted:

Fax Cover Sheet  
Certificate of Transmission  
Transmittal  
Amendment (8 pages)

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